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## \*BIBDATASHEET\*

CONFIRMATION NO. 5327

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/774,936	<b>FILING OR 371(c) DATE</b> 01/31/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> AHP 98126 1C1
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**APPLICANTS**  
 Bradley A. Ozenberger, Newtown, PA;  
 Jonathan A. Bard, Doylestown, PA;  
 Eileen M. Kajkowski, Ringoes, NJ;  
 Jack S. Jacobsen, Ramsey, NJ;  
 Stephen G. Walker, East Windsor, NJ;  
 Heidi Sofia, Walla Walla, WA;

**\*\* CONTINUING DATA \*\*\*\*\*** *OK*  
 This application is a CON of 09/172,990 10/14/1998 ABN  
 which is a CIP of 09/060,609 04/15/1998 ABN  
 which claims benefit of 60/064,583 04/16/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Heidi Sofia</i> Examiner's Signature Initials				

**ADDRESS**  
22204

**TITLE**  
Beta-amyloid peptide-binding proteins and polynucleotides encoding the same

<b>FILING FEE RECEIVED</b> 2344	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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